FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est, time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

								0 0								
SECTION 1 - General Information																
Name and Mailing Address of Respondent Parker FiberNet, LLC P O Box 688 Summerville GA 30747														Check here if this is a change of address.		
2 Year Report Filed 2019	g Period (End overed by Re 2019	ing Date of Pa port)	ay		4. Number of Full-Time Employees during Selected Reporting Period (check one): a. Fewer than 16 (complete Sections I, IV, and V only) b. 16 or more (complete all sections)											
SECTION II - Full-Time Employee	5.						D 10	TOT More (con	ipiete ali sect	101137						
		Number of Employees (Report employees in only one category)														
Job Categories		Race/Ethnicity														
		anic or Itino				Not-Hispar	nic or Latino						Total Columns			
	Eddilo		Male							Female A - N						
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races		
	Α	В	С	D	Е	F	G	Н	Ĩ	J	К	L	М	N	0	
Executive/Senior Level Officials and Managers			2						1						3	
First/Mid-Level Officials and Managers 1.2															0	
Professionals 2			3												3	
Technicians 3			5												5	
Sales Workers 4			2												2	
Administrative Support 5									5						5	
Craft Workers 6															0	
Operatives 7			3												3	
Laborers and Helpers 8			7												7	
Service Workers 9															0	
TOTAL 10	0	0	22	0	0	0	0	0	6	0	0	0	0	0	28	
PREMIOUS YEAR TOTAL 44															0	

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SECTION III - Part-Time Emp	loyee	5.														
		Number of Employees (Report employees in only one category)														
Job		Race/Ethnicity														
Categories		Hispanic or Latino		Not-Hispanic or Latino												
				Male									Female			
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A-N
		Α	В	С	D	E	F	G	Н	i i	J	К	L	М	N	0
Executive/Senior Level Officials and Managers	1,1															0
First/Mid-Level Officials and Managers	1,2															0
Professionals	2															0
Technicians	3															0
Sales Workers	4															0
Administrative Support Workers	5			1						1						2
Craft Workers	6															0
Operatives	7			3												3
Laborers and Helpers	8															0
Service Workers	9															0
TOTAL	10	0	0	4	0	0	0	0	0	1	0	0	0	0	0	5
PREVIOUS YEAR TOTAL	11															0
SECTION IV - Report of Discr	imina	tion Compl	aints Pursua	nt to 47 CFF	R 22.321, 23.5	5, 90.168, 101	1.4, and 101.	311.	,							25
This is to advise the company before an This is to advise the (Attach a list indication).	ny boo ne Cor	dy having co mmission tha	mpetent juris at the followin	diction in suc g complaints	h matters dur alleging viola	ing the calend	ar year cover ovisions of ar	ed by this rep ny equal empl	ort. syment oppor	tunity statute	have been file	ed against this	s company.			
SECTION V - Certification																
		edge, information, and belief, all statements in this report are true and correct. d or Printed Name of Person Signing Signature Telephone No.														
Victoria de la constantina della constantina del	001	ed or Printed Name of Person Signing risty Parker						Total	(706) 857-4646							
Title of Person Signing VP Finance					WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).											